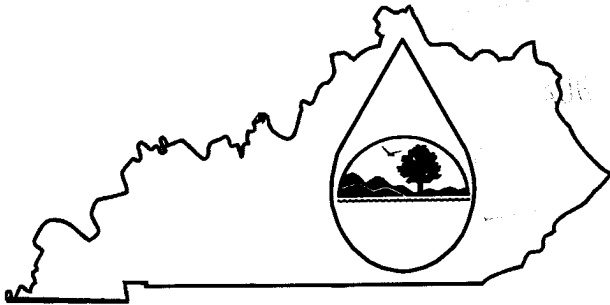


## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



- This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
- Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

**For additional information contact:**  
**KPDES Branch (502) 564-3410**

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE		0	0	2	9	4	1	6
A. Name of business, municipality, company, etc. requesting permit Louisville & Jefferson County Metropolitan Sewer District										
<b>B. Facility Name and Location</b>						<b>C. Facility Owner/Mailing Address</b>				
Facility Location Name:  McNeely Lake STP						Owner Name:  Metropolitan Sewer District				
Facility Location Address (i.e. street, road, etc.):  Next to 10206 Rod & Reel Lane						Mailing Street:  700 West Liberty Street				
Facility Location City, State, Zip Code:  Louisville, Kentucky 40229						Mailing City, State, Zip Code:  Louisville, Kentucky 40203				
						Telephone Number: (502) 564-6000				

<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc: Residential & Commercial Wastewater Treatment (non-industry); Publically owned treatment Works			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		6552; Land Subdivision & Land Development	
Other SIC Codes:		4952; Sewage Treatment Fac.	

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Unnamed tributary at mile point 0.57 to Pennsylvania Run at mile point 2.7	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 05' 51"	Facility Site Longitude (degrees, minutes, seconds): 85° 38' 31"
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Mike Stephenson

Telephone Number:

(502) 239-7695

Operator Mailing Address (Street):

8405 Cedar Creek Road

Operator Mailing Address (City, State, Zip Code):

Louisville, Kentucky 40291

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

III

Certification Number:

9616

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0029416

Issue Date of Current Permit:

March 1, 2003

Expiration Date of Current Permit:

February 29, 2008

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Cedar Creek Wastewater Plant
DMR Mailing Street:	8405 Cedar Creek Rd
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211
DMR Official Telephone Number:	(502) 239-7695

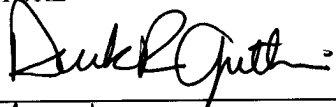
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

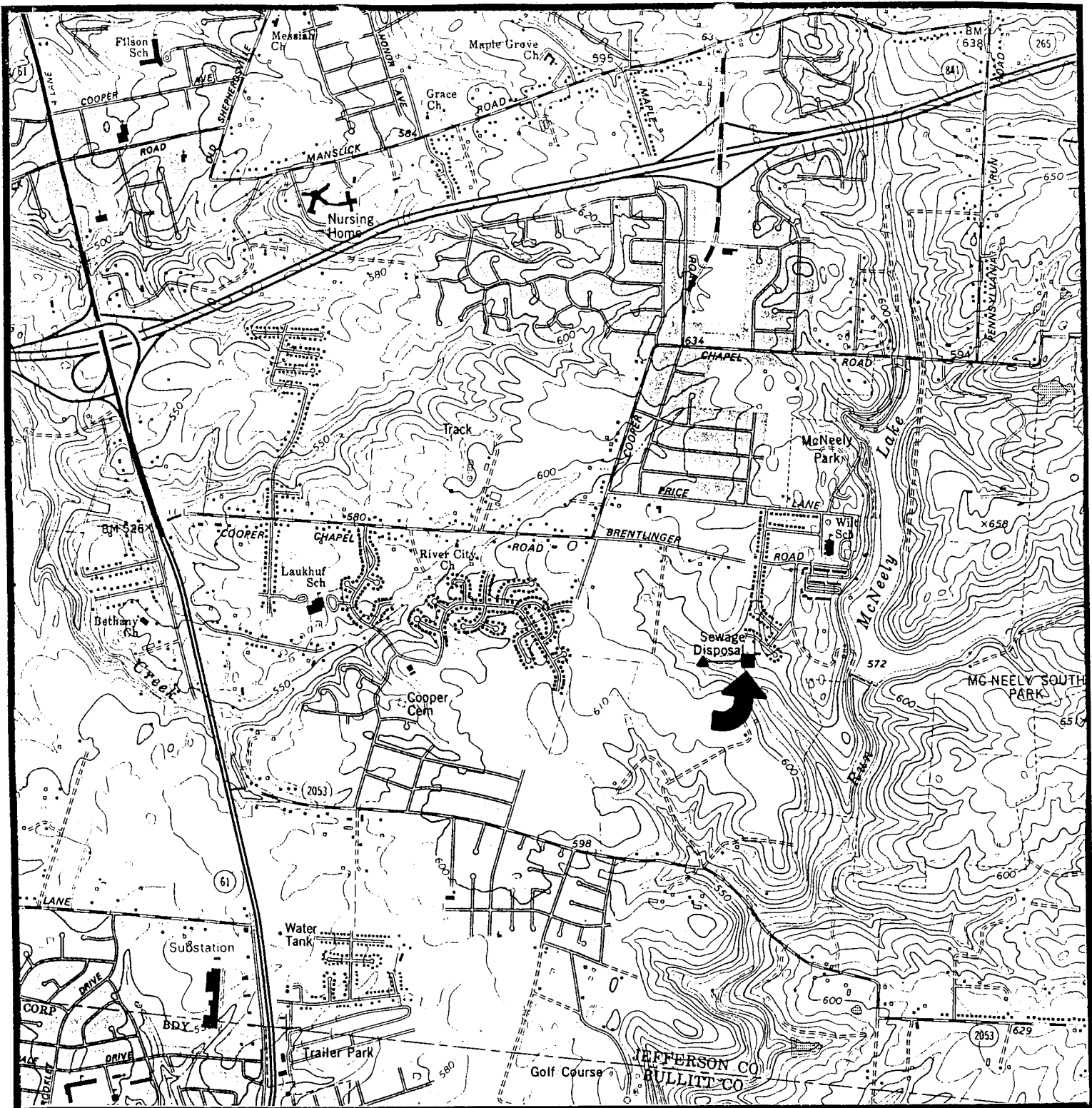
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	N/A

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE	DATE:
	09.23.07

for HJ Schardein, Jr.



**MSD**

■ Treatment Plant    ▲ Discharge Point

**228- Mc.NEELY LAKE**  
CAPACITY 0.205 MGD

**BROOKS QUADRANGLE**

KENTUCKY  
7.5 MINUTE SERIES (TOPOGRAPHIC)  
SW/4 LOUISVILLE 15' QUADRANGLE

**LATITUDE**

**LONGITUDE**

DEGREES

MINUTES

SECONDS

DEGREES

MINUTES

SECONDS

**38**

**05**

**51**

**85**

**38**

**31**

# KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

## I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The facility owner/contact address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated.

## II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

## III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

## IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.
  - List the name and address of the person who operates the sewage treatment plant.
  - Indicate if the operator is also the owner.
  - The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.
  - List the Operator's Certification Class and Certification Number.

V. List any existing environmental permits which the facility has or will be applying for.

VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

## VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. **(Your check must be made payable to "Kentucky State Treasurer.")** This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

## VIII. Certification

The permit application must be signed as follows:

**Corporation:** by a principal executive officer of at least the level of vice president.

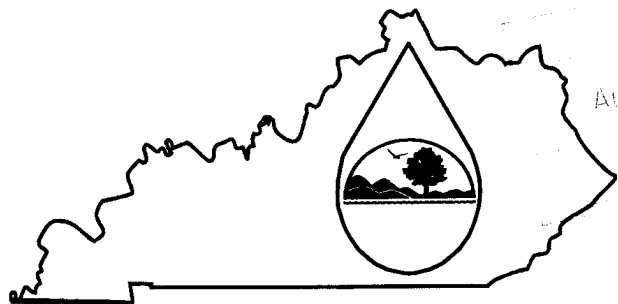
**Partnership or sole proprietorship:** by a general partner or the proprietor respectively.

**Municipality, state, federal, or other public agency:** by either a principal executive officer or ranking elected official.

# KPDES FORM SC

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: McNeely STP											
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE	0	0	2	9	4	1	6
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Residential Connections: 273 (272 Active) Commercial Connections: 2 Industrial Connections: 0											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.205 MGD							

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	05	51	85	38	31	Unnamed tributary at mile 0.57 to Pennsylvania run at mile 2.7
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	0.082/0.205	Manual Bar Screen	1-T
		0.082/0.205	Activated Sludge	3-A
		0.082/0.205	Aerobic Digestion	5-A
		0.082/0.205	Disinfection Chlorine	2-F
		0.082/0.205	Dechlorination	2-E
		0.082/0.205	Discharge	4-A

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No

**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake:  
☐ Publicly-owned treatment works (POTW).      Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	---	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

**B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)**

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Residential Connections	273 (272 Active)
Commercial Connections	2 (1 Active)
Industrial Connections	0
<b>TOTAL POPULATION SERVED</b>	275 Connections



<b>XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS</b> N/A		
<b>Additive</b>	<b>Composition</b>	<b>Concentration (mg/l)</b>

<b>XII. EFFLUENT CHARACTERISTICS (Note NA listed below, testing for the pollutant(s) is not appropriate for effluent) Not required on last permit (DMR)</b>			
A. Indicate results of analysis for pollutants listed below.			
<b>POLLUTANT/PARAMETER</b>	<b>MAX DAILY VALUE</b>	<b>AVG DAILY VALUE</b>	<b>NUMBER OF SAMPLES</b>
BOD <sub>5</sub> (CBOD <sub>5</sub> )	12 mg/l	4.35 mg/l	212
TOTAL SUSPENDED SOLIDS	41 mg/l	10.1 mg/l	212
FECAL COLIFORM	144 (#/100 ml)	12.8 (#/100 ml)	212
TOTAL RESIDUAL CHLORINE	<0.01 mg/l (maximum)		100
OIL AND GREASE	NA	NA	
CHEMICAL OXYGEN DEMAND	NA	NA	
TOTAL ORGANIC CARBON	NA	NA	
AMMONIA	6.44 mg/l	0.44 mg/l	212
DISCHARGE FLOW	0.505 MGD	0.082 MGD	Continuous
pH	8.0 SU	6.0 SU (minimum)	100
TEMPERATURE (WINTER)	taken with pH not recorded	not required on DMRs	
TEMPERATURE (SUMMER)	taken with pH not recorded	not required on DMRs	

B. Frequency and duration of flow:	Continuous
------------------------------------	------------

<b>XIII. CERTIFICATION</b>	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE	DATE

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

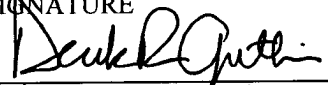
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS N/A			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
------------------------------------	--

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE	DATE
	08-23-07

for HJ Schardein, Jr.

## **KPDES Permit Application Attachments**

## McNeely Lake KY0029416 REPORTED DISCHARGE AND EXISTING LIMITS SUMMARY

Description of Discharge - Outfall Number 001 - Wastewater Treatment Plant (Effluent Requirements)

Effluent Characteristics	Reported Discharge			Existing Limits		Applicable Water Quality Criteria and/or Effluent Guidelines
	<u>Average Annual Value</u>	<u>Lowest Monthly Value</u>	<u>Highest Monthly Value</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	
Flow, MGD (Design Flow = 0.205 MGD)	0.082	0.014	0.505	Report	Report	401 KAR 5:065, Section 2(8)
CBOD <sub>5</sub> (mg/l)	4.35	1	12	15	30	401 KAR 5:031, Section 4
TSS (mg/l)	10.1	1	41	30	60	401 KAR 5:045, Sections 3 and 5
Fecal Coliform (#/100 ml)	12.8	1	144	200	400	401 KAR 5:045, Section 3
						401 KAR 5:031, Section 7
						401 KAR 5:045, Section 4
						401 KAR 5:080, Section 1(2)(c)2
Ammonia (as mg/l N), Summer	0.44	0.05	6.44	4	8	401 KAR 5:031, Section 4
Winter				10	20	
Dissolved Oxygen (mg/l)	N/R	7.0	N/R	Not less than 7		401 KAR 5:031, Section 4
pH, standard units	N/R	6.0	8.0	6.0 (min)	9.0 (max)	401 KAR 5:045, Section 3
Total Residual Chlorine, mg/l	N/R	N/R	0.01	0.011	0.019*	401 KAR 5:031, Section 4
Total Phosphorus (as mg/l P)	2.84	0.03	6.4	Report	Report	401 KAR 5:065, Section 2(8)

### Receiving Water Use Classification:

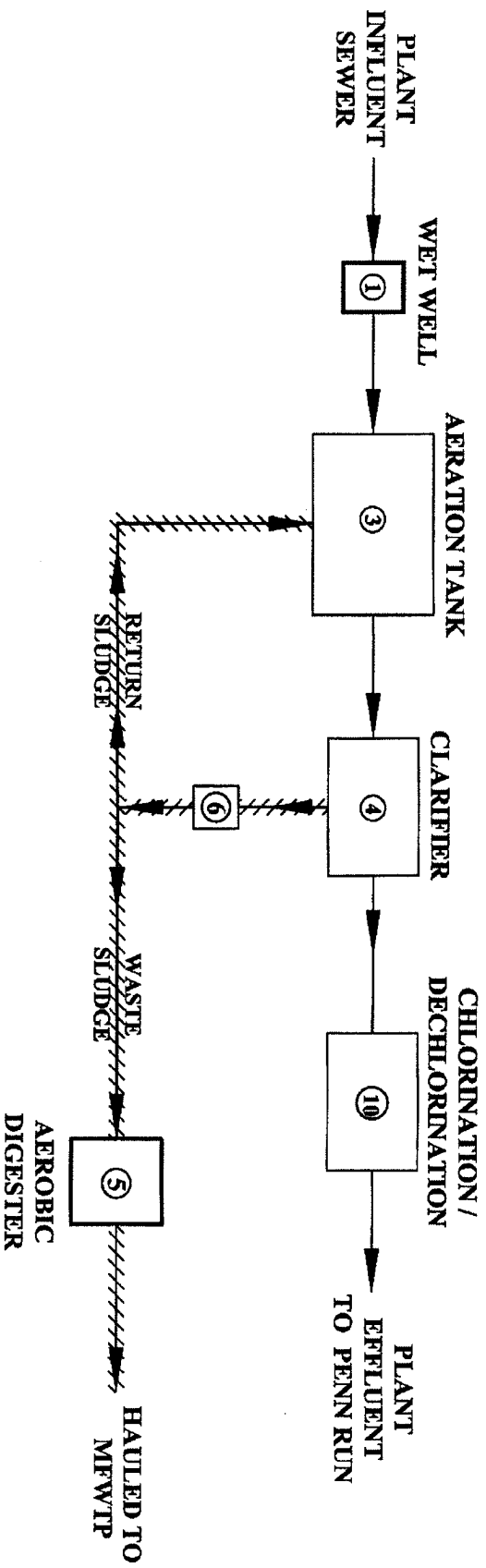
Pennsylvania Run (mile 0.0 - 3.3) is listed on Kentucky's 2006 Draft 303(d) list of impaired for nonsupport of aquatic life and nonsupport for Primary Contact Recreation use. Pollutants of concern are Sedimentation/Siltation, and Pathogens. Sources are dredging (e.g. for Navigation Channels); illegal dumps or other inappropriate waste disposal; loss of riparian habitat; municipal point source discharges; streambank modifications/destabilization; upstream impoundments; urban runoff/storm sewers; runoff from forest/grassland/parkland. McNeely Lake STP is meeting its KPDES permit requirements and should not contribute to additional degradation. MSD has identified a potential project (Penn Run Sanitary Sewer Pump Station & Force Main Project) that will eliminate the McNeely Lake STP and send flow to the West County wastewater treatment plant. This project is currently outside the current five (5) year capital plan.

Reported Discharge values were compiled from DMR data, starting with March 2003 - July 2007.

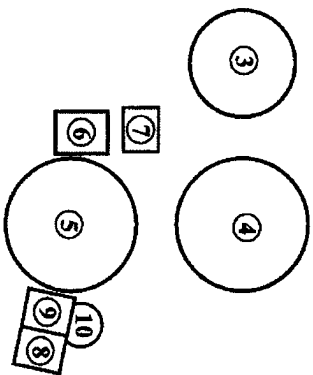
The abbreviation N/R means Not Reported

The abbreviation CBOD<sub>5</sub> means Carbonaceous Biochemical Oxygen Demand (5-day).

\* Daily Max



# PROCESS FLOW DIAGRAM



## LEGEND

- Wastewater Flow
- //// Biosolids Flow
- 1. Inflow Wet Well
- 2. Pump Room
- 3. Aeration Tank
- 4. Clarifier
- 5. Aerobic Digester
- 6. Return Pump
- 7. Blower
- 8. Sulfur Dioxide Room
- 9. Chlorine Room
- 10. Chlorine Contact Basin



Louisville and Jefferson County  
Metropolitan Sewer District  
700 West Liberty Street  
Louisville, Kentucky 40203-1913

WTP Site Key Map

## McNELLY LAKE WTP PROCESS FLOW PLAN

KPDES #: KY 0029416

Scale = None

Drawn By: JDL

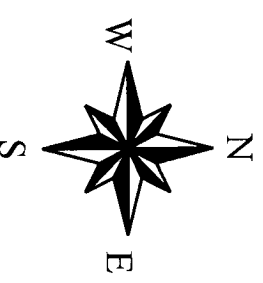
Date: 10/24/06

mcnelly lake wtp.dwg

# KY0029416 McNeely Lake STP



- ★ Sample Locations
- Sewernd
- ↘ Sewer
- ↘ Drainage Lines
- ↘ Channels
- Pipes
- ▲ Treatment Plants
- Text Street Names
- ↘ Streams





*Louisville and Jefferson County Metropolitan Sewer District*  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

October 30, 2007

Division of Water, KPDES Branch  
ATTN: Ms. Sara Beard  
14 Reilly Road, Frankfort Office Park  
Frankfort, Kentucky 40601

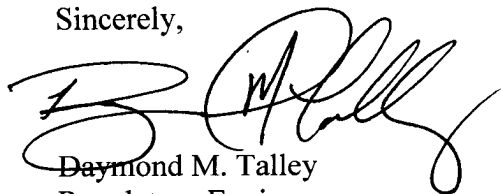
Subject: Application Form SC Section XII KPDES No. KY0029416  
McNeely Lake Wastewater Treatment Plant

Dear Ms. Beard:

Enclosed is the completed Section XII of Form SC for McNeely Lake Wastewater Treatment Plant KPDES permit KY0029416. MSD request that Division of Water waive the requirements to test for Oil & Grease, Chemical Oxygen Demand, and Total Organic Carbon. Based on the influent wastewater received at this facility testing for these pollutants is not appropriate for the effluent. Temperature is taken during the sampling of pH but is not recorded on Discharge Monitoring Reports. During the reissuance of the permit for McNeely Lake MSD will implement procedures to capture winter and summer temperature readings.

If you have any questions please contact me at (502) 540-6980 or at [talley@msdlouky.org](mailto:talley@msdlouky.org).

Sincerely,



Daymond M. Talley  
Regulatory Engineer

DMT/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)



# MSD

*Louisville and Jefferson County Metropolitan Sewer District*  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 23, 2007

RECEIVED  
AUG 28 2007

Vickie L. Prather, Acting Supervisor  
Division of Water  
Inventory and Data Management Section  
KPDES Branch  
14 Reilly Road  
Frankfort, Kentucky 40601

Subject: Renewal Application KPDES No. KY0029416  
McNeely Lake Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of McNeely Lake Wastewater Treatment Plant KPDES permit KY0029416.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at [talley@msdlouky.org](mailto:talley@msdlouky.org).

Sincerely,

for Herbert J. Schardein, Jr.  
Executive Director

HJS/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



*Beneficial Use of Louisville's Biosolids*  
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ERNIE FLETCHER  
GOVERNOR

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601-1190  
[www.kentucky.gov](http://www.kentucky.gov)

TERESA J. HILL  
SECRETARY

November 29, 2007

Daymond Talley  
Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville, KY 40203

Re: KPDES Application Complete  
KPDES No.: KY0029416  
McNeely Lake WWTP  
AI ID: 2141  
Activity ID: APE20070002  
Jefferson County, Kentucky

Dear Mr. Talley,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 2, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

A handwritten signature in cursive script that reads "Sara Beard".

**Sara Beard**  
Environmental Engineer Assistant III  
KPDES Branch  
Division of Water

SJB

Enclosures

c: Louisville Regional Office  
Division of Water Files



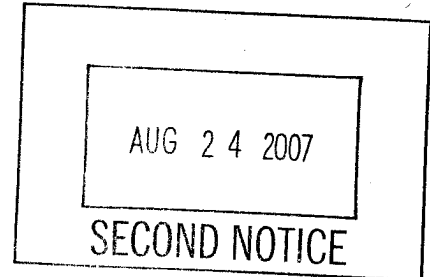
ERNIE FLETCHER  
GOVERNOR

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**  
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14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601  
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TERESA J. HILL  
SECRETARY

July 30, 2007

Mr. Daymond Talley  
Lou/Jefferson Co. MSD  
700 West Liberty Street  
Louisville, Kentucky 40203-1913



RE: KPDES No. KY0029416  
McNeely Lake Subdivision  
Jefferson County, Kentucky

Dear Mr. Talley:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

*Ann S Workman*

*for*

**Vickie L. Prather, Acting Supervisor**  
Inventory and Data Management Section  
KPDES Branch  
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office  
Division of Water Files